



September 26, 2016

Community Educational Forum – E-Cigs and Hookah: Effects on Indoor Air Quality Questions and Answers during Comment Session

First, just a clarification about the difference between vapor and aerosol: I wasn't much aware of that and I don't think it was explained, so just a little detail of what actually is aerosol compared to vapor.

[Dr. Aruni Bhatnagar](#) - Vapor is when you take a gas and you vaporize it so you just have water. When you heat water you get steam. Whereas aerosol, is something you have steam but there is also a particle suspended in it. So when you have a mixture of gas and particles that is aerosol. When you have gas that is vapor.

Tony Florence Board Member of the [Kentucky Smoke Free Association](#), e-cigarette advocacy group for the state of Kentucky - Although I appreciate the large volume of scientific data that you put on the wall, I can't help but notice a lot of it is dated 2009, 2010, 2011, and as we all know this is a very volatile science, lots of things change, and I have a couple of questions. I am sure you all are aware of it because you are in this industry, but [Public Health England](#) put out a [study](#) that is adopted by their entire Health Department that says e-cigarettes are 95% safer than smoking. The VAT recently came out with another study that said that the secondhand vape is 99% less toxic than smoke from a standard cigarette. Couple this with the background, e-cigarettes are maligned by a lot of people and I get it, and in a perfect world no one would smoke and no one would use e-cigarettes, that is great but that is not the case. Anyway, the EU just put out another study saying 6.1 million people have stopped smoking because of e-cigarettes; 9 million have had a drastic reduction in physical cigarette smoke use, so there is obviously a tangible benefit. I mean smoking kills 480,000 people a year roughly, e-cigarettes there is not a lot of data out there yet but I haven't hear of anybody yet dying from how vaping is used. So what is your all's opinion about this because even in England they have adopted a workplace policy that allows for people to be accommodated who like to use their e-cigarette device because according to them and their entire Health Department of England that there is no noticeable or not a substantial amount of toxicity to what is being put out, not determinable amounts, not quantifiable parts per million, insignificant, kind of thing. So I would like your opinion on that.

Dr. Aruni Bhatnagar – So let me start by saying there is a very contentious issue. Across here in the United States we think that the idea that or the declaration that e-cigarettes are 95% safer is a mistake. We think that, and they admit that, it's not based on any evidence but a set of experts' opinions. It was not peer reviewed. It was an opinion piece by experts. There was no study. The actual paper was a proceeding of off a get together of hand selected experts who got together and decided that it was 95% safer. I think that was a mistake. You cannot, especially with scientific honesty and integrity; you cannot say things that you do not know. So we do not know whether or not or how safe they are, so to claim that they are 95% safer is a disservice to science.

Mr. Florence – So these experts arbitrarily picked a number that was adopted by the Health Department of England?

Dr. Aruni Bhatnagar – Yes.

Mr. Florence – And if I recall correctly the Health Department of England was the first people to even tell the United States that there is a causal link between smoking and lung cancer back in the '50's. So I guess apparently the Health Department of England is not reliable?

Dr. Aruni Bhatnagar – Not reliable, yes. They have been widely criticized. It is not the Public Health Department it is Public Health England and Public Health England's recommendation is not binding. Several leading scientific journals have claimed that they have been helpful in the past but this time they have done a disservice to England and that this policy they should not claim that the products are safe or that if they make that claim state that it is an opinion. They are more than welcomed to say that and they are perfectly welcome to say that to the believe that this is going to revert the epidemic of smoking and suddenly they present the finding that, or at least some of the findings are very selectively presented were actually favoring that, like you said, there are lots of people who quit smoking. In the United States we have had a different experience, you talked about dating this, this is dated material 2016 so we found that there are 3-5 million kids who have never touched any tobacco product and have been using them, certainly not something we can condone and we cannot tell our kids this is 95% safe and keep vaping or using them. The second thing is, in contrary to the data, that is selective data, from England a lot of from the United States has found that e-cigarettes use actually prevents people from quitting by actually prolonging nicotine addiction and most people indulge in dual use. So we have not seen any data where there has been a large scale shift in e-cigarette from conventional cigarette in the United States.

Mr. Florence – So the 6 million people that quit is not an indication that e-cigarettes work? So you say that it prolongs it although they quit. Is that what you are saying?

Dr. Aruni Bhatnagar – We have not seen that over 6 million people that have quit. They have switched, some of them have switched from conventional cigarettes to e-cigarettes but they have not become completely nicotine free. When 6 million people go nicotine free we will call it quitting.

[Dr. Robert Jacobs](#) – (Audio undistinguishable) you have a cohort of young people whose lungs are still developing that are being exposed to this and developing lungs are more susceptible to risk associated with these types of (audio undistinguishable)

Mr. Florence – That is perfectly understandable. No one is saying small children or even teenagers or anybody should be exposed to this that is why there is lots of legislation and regulation related to this.

Dr. Robert Jacobs – But we are talking about indoor air quality and secondhand exposure.

Mr. Florence – Correct. Which apparently countries are saying it is ok and acceptable but the United States is standing out and saying that no according to our science, contrary to the entire EU, we believe it is going to be a problem. So why is it that all of Europe thinks it is ok?

Dr. Robert Jacobs - (Audio undistinguishable) we are asking to do the same thing with another delivery device, by the tobacco companies, that are going to say it is harmless.

[Carol Riker](#) – if you want a more up to date [study](#) the [World Health Organization](#) (audio undistinguishable) in November (audio undistinguishable) some metals are higher in the secondhand aerosol than they are in cigarettes smoke. In terms of comparison of the aerosol to background air, the things that are higher in e-cigarettes are: nicotine 10-115X higher, acrolein 2-8X higher, formaldehyde 20% higher, and this is from the World Health Organization which includes the EU.

Mr. Florence – I don't want to hog the microphone. Thank you very much.

[Dr. Paul Kiser](#) – One more statement, not one person in this room is advocating that we are banning any of these products, we are just restricting their use in indoor places and adding them to the current law we already have.

Dr. Paul Palmer, third year surgery resident at UofL, advocate of the [American Cancer Society](#) – Few points to touch upon, very appropriate that this is going on just as I finish up my vascular surgery and thoracic surgery month during training. I think we can all agree that the statement e-cigarettes are 10-15, actually I am not going to say that we all agree because the people following me are not going to agree with my statements. Ultimately 10, 20, 50 years from now we are not going to look back and that I can't believe and say that we were so ignorant to ban e-cigarettes or form of inhaled nicotine allowing these to be used in indoor spaces. This kind of debate reminds me a lot of, well I was not around but, when they tried to introduce filters to cigarettes and say this is a much safer alternative, this is really the way we need to go it is going to take out all of the bad things. Personally I understand we are taking tar out of the cigarette experience but my experience with nicotine and seeing how it affects people in public health, having amputated legs, having to take out lung cancer and things like that, and know that they are directly related to the nicotine that these products deliver. Personally I am here to advocate that we just get these out, we are not saying people cannot smoke their e-cigarettes we are just trying to make it a cleaner space and I think that this is a perfect forum for that. Thank you all.

Troy LeBlanc, distribute, import and export, retail stores all with e-cigarettes, also sits on the Kentucky Smoke Free Association Board – A couple of points I want to make, I did notice in your testing with respect to the event, it showed levels as high as 800 PM2.5 in a room with 1000 people whose sole purpose of being there is for vapor and to test vapor products continuously at different tables, to test at different flavors. And wouldn't you agree that cigarettes at their maximum are at 1200 PM2.5 for a single cigarette in a room?

Dr. Aruni Bhatnagar – Yes.

Troy LeBlanc – There were levels as high as 1200 for a single cigarette in a chamber test.

Dr. Aruni Bhatnagar – Yes sir.

Troy LeBlanc – One thing I really wanted to drive home is when I first started my business it was for money and I wanted to make money but when a 70 year old woman comes in who hasn't smoked a cigarette in a week and she had smoked cigarettes for 50 years straight. It changes everything, absolutely everything. I know you may not agree that e-cigarettes save lives but they are safer. And you cannot walk into a convenience store right now and say he let me get a pack of Marlboros with less nicotine. You get one level of nicotine across the board. You know what we do; we provide plans for our people to start at a certain nicotine level and pare their way down. I just came from out with a new product that is twelve bottles, twelve nicotine levels, and you go down a nicotine level with each bottle you finish until you hit zero. We are helping people, we are absolutely helping people. Do I think it is safe? Me, an importer, an exporter, a manufacturer, a retailer, I am telling you it is not safe, absolutely not. Is it safer than a cigarette? Hell yes.

Dr. Aruni Bhatnagar – So I agree with you that evidence exists that e-cigarettes might be safer but it does not say what number to prescribe to them. Are they 95%, 50% safer we do not know yet. So that is out. The thing with public health policy, and as someone who can advocate for that, we can listen to stories and anecdotes but we have to ultimately rely on evidence. If there was a large sample, well designed study that showed yes e-cigarettes can help people quit cigarettes all together we would change our policies, we believe in what the evidence suggests. But we don't, they are anecdotal evidences there, yes that is true but we cannot go by that because lots of things work by placebo. But the bigger problem is this, you say we have e-cigarettes and it is very hearting to see people switch from cigarettes to e-cigarettes and they are much healthier but the other side of the equation is that we have 3-5 million kids with a lifelong habit of nicotine addiction. We have to decide how as a society we are going to weigh these risks. I would be happy if whatever, 10%, 20% of really old people stops smoking that would be much better but at the same time, are we willing to pay the price of recruiting 5 million kids into this habit? That as a society is what we have to face.

Troy LeBlanc – my second question is, would you rather them smoke? Number one. And number two, do you know when the 18 plus law was brought into effect?

Dr. Aruni Bhatnagar – yes, so we know from the data that rates of smoking are going down so the people who have started, the kids who have started smoking e-cigs are not who would have smoked anyway. So it is not a choice of whether they smoke or do e-cigarettes, they are doing e-cigarettes de novo. So we would have had a generation of tobacco free, nicotine free kids if it was not for e-cigarettes.

Troy LeBlanc – but we would have had a generation of tobacco smokers?

Dr. Aruni Bhatnagar – yes that is right, no we would have a generation of, the rates have come down. We have more people...

Troy LeBlanc – since when?

Dr. Aruni Bhatnagar – since 2010.

Troy LeBlanc – e-cigarettes were introduced in 2008.

Dr. Aruni Bhatnagar – yes so we have consistently seen the rates come down.

Troy LeBlanc – so when e-cigarettes were introduced you saw less tobacco smoking in children?

Dr. Aruni Bhatnagar – tobacco smoking is coming down all the way. In the last year...

Troy LeBlanc – you just said in 2010 it started going down

Dr. Paul Kiser – no, no, no, no.

Dr. Aruni Bhatnagar – it is going down.

Troy LeBlanc – isn't that what you just said?

Dr. Robert Jacobs – he is correctly it. It started well before then.

Dr. Aruni Bhatnagar – No, let me explain it to you. The data in 2016, we have as many kids addicted to tobacco as even in 2010 so we had come down so only about 5% of the kids were using any nicotine product. Now we have come back up to the level we were at in 2010.

Troy LeBlanc – back to my original question, do you know when the law for 18 plus came into effect?

Panel respondent – indistinguishable audio.

Troy LeBlanc – no It came into effect in the US in August 8, 2016. There are trade associations around the country that have been alive for two or three years that won't allow you in well before the laws were put in place for 18 plus. I put 18 plus...

Dr. Paul Kiser – here in Kentucky they are selling to kids all over the place as of a year and a half ago.

Troy LeBlanc – where?

Dr. Paul Kiser – Bardstown Road.

Troy LeBlanc – where? Give me an example. Give me an instance of when. I mean we have been 18 plus...

Indistinguishable audio.

Dr. Paul Kiser – Well my wife teaches middle school and I promise there are kids with vape pens all over the place in middle school walking with vape pens. It's against JCPS policy...

Indistinguishable audio.

Matt Rhodes – we want to be respectful of your opinion and everyone's opinions and comments but I think that the point of interest here is what we are talking about is indoor air quality and the effects these devices have on indoor air quality. We're not arguing the point whether or not they are a safer cessation tool or that they are safer than smoking. Our focus is more on the non-users of the devices and what the impacts are on indoor air quality. So I want to be respectful of everyone's time too and give them the opportunity to have comments but we're going to have other opportunities for feedback and comment and we certainly welcome your comments.

Troy LeBlanc – can I just say one last thing?

Matt Rhodes – Sure.

Troy LeBlanc – You say that there is no evidence saying that e-cigarettes are safer but would you also agree that there are no prolonged studies that say that they are dangerous?

Dr. Aruni Bhatnagar – yes, exactly. Yes.

Dr. Paul Kiser – and when you asked about the youth rates going down, in the state of Kentucky when I began, not that I had anything to do with it but, the high school smoking rates in 1997 in the state of Kentucky were 47% of high school students smoked, now we are around 27%. Now the number is going back up with nicotine addicted kids.

Keith Hadley, Kentucky Smoke Free Association, and retail shop owner – He was very passionate and I appreciate this panel being here today. For the most part, I was here to see what you had to say and to see exactly what information you did have about vaping because, obviously we do not have all of the answers but I would say that we agree that it is in my opinion

a cleaner product, which you are not arguing. So today we are talking about the indoor smoking ban, correct? So, for us to be able to pursue this technology, have more studies done on it, and for us as retail owners to be able to help people to at least get off of traditional tobacco, one of the main things that is so successful in my stores and I am sure in everybody else's stores is the fact that they can come in, they have customer service, they have a test bar there so they have different flavors. A lot of people come in and they will say I really tried to quit smoking I want a tobacco flavor. We have that to offer for them. A lot of people really don't want to taste tobacco because those who smoke you know after the second cigarette from the first time you smoke you lose your palate, you can't taste anything, you can't smell anything, so we ask them, okay what kind of foods do you like? Do you like strawberries? Do you like this or that? That is the main focus for us because each individual is unique in what they need. You can go to a gas station and get menthol, mint, tobacco flavor. Ok, those devices in my mind, in my opinion those devices are e-cigarettes and I don't like the term e-cigarettes because for a shop that sells tobacco cigars and e-cigarettes as a convenience to a customer who is unaware of actual vapor products that work those products are not as efficient as those products that we use in our stores. The picture that you showed on there and you said the technology is you know it is so fact well after the [FDA deeming](#) rules went into effect those products are no longer going to keep coming on the market so you are going to have time to study these products to see exactly the effectiveness and the secondhand particulates and all of that. I'm not a doctor obviously, but I do feel it is safer. So if this is passed to include vapor stores then our customers are, we are no longer going to be able to help them as efficiently if a customer comes in they want to quit smoking into a vapor store which we represent, we don't represent the other types of stores okay that sell those products. If they come into our store they are aware that, they've heard about vapor, they have heard about these things so they are aware that there is going to be vapor in the air but they are also aware that they want to make the switch. Employees of vapor store they are not there, they are there on their own will. They want, they vape themselves so when I read your material and did all kinds of research I have this huge thing I wrote but I didn't know what to expect coming here today as far as what I would be able to say. I find that public smoking ban I agree with, I don't want to go into a restaurant and have somebody smoking there in front of my kids I'm not an advocate to be able to blow clouds everywhere because that is not exactly what this industry is about we're about helping people. So by using your own moral judge of character and saying okay I am not going to go into a movie theater and blow clouds on a kid. Obviously those establishments where there is people that do not smoke and do not vape and do not want to be around that they have every right to apply this in those establishments but I also believe that business owners have the right as well, especially in our business, to make that decision for ourselves and if you come into the store you know what you are getting into. Ok so, that is just my opinion. Now as far as particulate matter, one question I actually have for you because you are a prestigious panel, we all know that inhalers for asthma patients have propylene glycol in them correct. So when you use an inhaler you obviously don't exhale it on somebody else so that is not considered a particulate matter correct?

Dr. Aruni Bhatnagar – No.

Keith Hadley – So they are not exhaling it because it stays in their lungs but you do use a delivery system of PG in which case in breathing treatments as well so it has been used medically for quite a while.

Dr. Aruni Bhatnagar – Yes.

Keith Hadley – My grandmother had pneumonia and they brought in a breathing machine and in the ingredients it had PG to create that vapor and vapor is heavier than smoke and it goes down to the lungs and helps clear out any congestion correct?

Dr. Aruni Bhatnagar – Yes.

Keith Hadley – That in my opinion is the same version of what we are using but it is smaller and as far as I feel personally and I am sure any vapor here can tell you that I went from trying to quit smoking three packs a day to vaping and was success with vaping and I believe in it that is why I opened the store to help people. I've helped over 3000 people in two years, all of which we ID, and I did a study in my shop alone and 36%, it may not seem like a lot, but they are on zero nicotine now and they just do it for the hand to mouth habit. So as far as your concerned I understand public health but if this impacts small businesses and revenue for the state of Kentucky we are the people trying to help clean up our air, to help people become healthier, we are the people who advocating for people not to smoke. Like I said, I don't believe we should be compared to e-cigarettes because that was a horrible term from the beginning and the fact that it says cigarettes I don't agree with. So I appreciate your time, thank you very much.

Carol Riker – I have one comment, I just wanted to mention one more comment on that on the stats I have a few minutes ago from the World Health Organization study was in the section called health risks to bystanders from exposure to ENDS and END users so it is higher and it is from the exhalation. I can't speak to asthma inhalers though.

Dr. Paul Kiser – I was going to comment, I completely appreciate the business end of this but I was part of the Smoke-free Louisville campaign and it comes up every time there is a secondhand smoke or comes up every time there is a secondhand ordinance that these cigarette or nicotine industry advocates for exemptions to allow for businesses who sell the products, and we went through this with cigar bars right. Cigar bars say we only cigars and people come in they know they are getting cigars so the issue comes in with dosages so it was interesting that you brought up asthma inhalers because again it is a whole dosage issue. If you are comparing the volume of PC in an asthma inhaler to the volume you are getting in one puff in a vape pen, I don't know the number but I can imagine the dosages are significantly different and that is what goes through then with the tobacco and nicotine business in the establishments that are trying to get the exemption for the exclusive right to allow consumption of their products in their stores. Yes it is a dosage issue, the people who sell your product may or may not vape, I will take your word that they all do, I don't know. I have hear that every waitress smokes as well but I don't know that is not a fact either, but I will take your word for it. But the fact is that when you are not vaping you are not taking that in, if you allow that in your store the particulates remain in the air so the entire time you are at work you are exposed to those particulates. From a public health standpoint, yes you are getting a dosage every time you hit your vape pen but beyond that you're not and that is the whole advantage of taking it outside, you are getting your one exposure then you go back inside and you are protected. And that is one of the public health reasons why we strongly advocate against exemptions in public health policy.

I appreciate the scientific stuff back and forth and I appreciate that we are not trying to put a business out, we are talking about public smoking but I just want to talk some anecdotal stuff. I've been teaching at the same community college for the last fourteen years and in my opinion I am seeing more and more people stand outside e-smoking, or whatever you want to call it, vaping, and they sit outside longer times. In other words, breaks used to be five minutes for cigarettes but now it is like an inhaling thing and that is my anecdotal evidence. And my anecdotal thing from people I know that have tried to stop quitting now they've got that thing all of the time it is like a constant thing, so I see to me an addiction. If I hang around the door to talk to some of these people now some faculty are starting to join us, I feel like you are in that and I don't want to keep standing there anymore so I think it is what we are talking about. But I don't want us to have to smoke somebody else's stuff or breathe in stuff that is what we are talking about. It is great if it helped somebody smoke but anecdotally I don't know anybody that it has helped stop smoking, if anything they are doing inhaling more stuff today than they did before and it may be better stuff but you know let's help people stop smoking but let's not make us all breathe that stuff. You were talking just about public spaces and stopping kids and kids are smoking a lot more and e-cigarettes so that is what I am for. Thank you.

Dr. Bhatnagar – you actually go the major issue unraveled which is that suppose if e-cigarettes are 50% safer than normal cigarettes but you smoke them twice as much we are almost at the same place. The thing with the cigarette is finite, it burns itself and it ended but once you start you finish. The thing with e-cigarettes you can do it intermittently and continuously so there is a big concern that it might actually increase the level of addiction and that could be coming out as people are using more often.

Christopher Combs, associated with a shop that is associated with KSFA – not to discount your study, but what voltages were you testing the vapor?

Dr. Aruni Bhatnagar – So we've looked at a whole range of voltages and the stronger the voltage means the more the temperature, from six volts and higher. Indistinguishable audio. So what you get from the beginning to the end and record the range and that is a range increase in these toxic substances. The higher the voltages the more the toxic, as particularly aldehydes not only in e-cigs, if your tank is half empty and there is more air in there you triple or quadruple the generation of these toxic compounds. So it depends on how much air you have in that tank and then what voltage and temperature you are using.

Christopher Combs – correct, but are you using actual, and like you said it's constantly evolving, so are you using actual devices for this or are you using a controlled environment where you're applying a certain amount of voltage to the substance.

Dr. Aruni Bhatnagar – but it depends on study, some the studies we exposed animals we just measured toxicants we use a smoking machine set at different voltages, in some we measure changes in people we actually let them use the device as they feel most comfortable with, so it varies.

Billy Bryant, represent local manufacturer, and a member of the Kentucky Smoke Free Association – Personally vapes now and vapes zero nicotine juice. I don't use nicotine and I haven't used nicotine in ten years. I use it to help curb cravings for other things. I got into vaping to help my girlfriend because she was a pack a day smoker and her doctor told her that if she didn't stop smoking she was going to die on the operating table because she had to have a major operation, she was anemic, and nicotine is a blood thinner, we all know that and anybody knows that that does any research. So I got her into vaping we switched her to an e-cigarette within a month's time she was reduced from a pack a day to zero nicotine and was completely off of nicotine for three months long enough for her to do her surgery, be nicotine free. She came through that she still smokes zero nicotine juice, every now and then she does a three milligram nicotine bottle and it lasts her for a week. So three milligrams of nicotine over a week is a lot less nicotine then you're going to put in a person's body and into the air over a pack a day you know. I have bronchial asthma, I carry this thing (showing inhaler) every day, I've used it once in six months and before I started vaping I guarantee you I used it at least four times a day. I haven't changed anything about my habits other than I added this in, this right here (showing vape pen), into my routine zero nicotine so I'm not absorbing any nicotine, I'm not putting nicotine out for other people, and we are talking about public spaces, we can we not let people govern themselves? Why can we not let a business decide do I want to subject my employees or my patrons to this? Why can we not let those businesses make the decision for themselves? Give them the information make sure that they are properly aware of whatever studies have been done on both sides of the count, you know pro and against, and make an informed decision. If the business wants to continue to allow it why can they not do that for a healthier alternative?

Matt Rhodes – good question. We appreciate your input. We have about five minutes until the educational forum is going to conclude so we will take that statement under advisement and certainly want to hear others opinions so if we can be timely in our comments.

[Monica Mundy](#) – can I just say quickly that a lot of times works don't get to choose where they work and like it has been said before we are just simple asking e-cigarette users to set outside where that aerosol won't harm others and others that are working in that environment. So it is not taking away your right to use that product it is just asking you to step outside where it won't harm others.

Dr. Nancy York, [Bellarmine University](#) and volunteer for the [American Heart Association](#) – I think Monica you just stated everything I was going to very succinctly. Thank you to Mayor Fischer and the Public Health Department I mean this is a public health issue and I don't think we can disagree on that and I think it is very important for everyone to realize that no one is being told they can't use e-cigarettes or hookah, it is in the manner or where they do it and we are just asking for public health. That is all we are asking so thank you all.

Christopher Combs, associated with a shop that is associated with KSFA – most vapors understand that there is an unwritten law amongst us that if you wouldn't smoke somewhere you

wouldn't vape there either. This is pretty much it, there is no hard stone rule for this, but when you say Troy, everybody else, you don't vape where you don't smoke. If people are vaping, I apologize on behalf of the vaping community, they are being jerks. The thing that I don't understand is that you say that the EU study doesn't matter but don't you feel that it is unethical just to dismiss that, I mean even if it is anecdotal there is enough evidence, and I debate all the time so I know that is a logical fallacy, but even if it is anecdotal don't you think it is worth looking at?

Dr. Aruni Bhatnagar – if it were a study we would consider it seriously but it's an opinion.

Carol Riker – anecdotes are not evidence.

Christopher Combs – I agree with you but...

Dr. Aruni Bhatnagar – but that doesn't even have an anecdote, they didn't say they have an anecdotes, they said that in our expert opinion we believe that. It is even below the level of anecdotes.

Matt Rhodes – Again we're not contesting whether or not they're safer than cigarettes or if they work to serve a purpose of a cessation tool, our focus is strictly the impacts that they create on indoor air quality. That is the focus of this entire discussion.

Christopher Combs – I understand. Comparing cigarettes and e-cigarettes are like comparing apples and chainsaws. It is not nearly the same thing; they just have a similar name.

Dr. Robert Jacobs – but that is not the argument, I think it's a voluntary involuntary argument. I don't want to breathe...

Christopher Combs – and I agree with you, I am with you on that.

Dr. Robert Jacobs – but there are places that have to be managed in order to allow that to occur.

Christopher Combs – it is a slippery slope either way. So I understand where you are coming from, but at the same time if you start regulating it here before long you won't even be able to vape in a vape shop. I understand that you don't want to breathe it and someone earlier, and I apologize because I don't remember who it was said that tobacco companies started these e-cigarettes that's not the case by any stretch, like tobacco companies are sponsoring these legislations to get e-cigarettes shut down so they are not nearly the same thing.

Dr. Aruni Bhatnagar – it was started by this person in China but big tobacco has bought most of the e-cigarette companies now and those are the ones that really want to control. And one of the side effects of the FDA deeming rule would be, or possibly could be, that the small operations may not have the budget or direct resources to meet the regulation of the big tobacco can so it may inadvertently help big tobacco more than mom-and-pop operations and the FDA is

concerned about that and so they have given a master rule that they could, small businesses could use, so they don't get elbowed out of the market by the big tobacco.

Christopher Combs – thank you for your time.

Matt Rhodes – that is going to conclude the time that we have for questions and answers but the one thing that I want to share is that this flier is available and it has information available to you, it has the website for where this [broadcast will be archived](#) so you can go and watch this broadcast as well as it has information on a [public opinion mechanism](#) or public feedback mechanism and how you can access a survey and provide not only quantitative data with regard to this process but you can provide qualitative data feedback. So your written comments will be taken into consideration as we move forward with process and the one thing I want to say on behalf of the Mayor, and our Department, is thank you for your participation and thank you for your passion around this issue and we certainly want to use all of this feedback to inform this discussion as we move forward and I truly appreciate all of your attendance and participation in this very, very serious public health issue. Thank you and have a good night.
